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ABSTRACT

The paper describes a competency based training program that was developed by an outpatient mental health clinic. Competency based training was selected to assist in achieving agency goals, meet varied requirements, and improve accountability. Competencies were developed based on needs assessment, agency evaluation data and professional literature. Since average length of agency services was four sessions, emphasis was placed on problem analysis, basic counseling skills, crisis services and appropriate referral. Treatment programs for the most frequent presenting problems were also emphasized--these include depression, tension, family concerns and marital problems. The training program has 13 units each consisting of the following: statement of purpose, behavioral objectives, training materials, checklist and quiz. (Author)

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Competency Based Training in Community Mental Health

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Demands are increasingly being placed on community mental health programs to meet varied requirements, achieve specific goals and improve accountability. By using a competency based training approach, staff are taught to perform the necessary activities and then evaluated based on their actual ability to exhibit the knowledge and perform those activities. This paper describes the reasons that a competency based training approach was selected by a community mental health center and the way in which the program was developed.

A competency based training approach has a number of elements that make it particularly useful and attractive in a service setting such as a community mental health center:

1) Accountability. When staff are trained to perform specific competencies, we are confident that they in fact can actually do what is required. By applying learning principles to ourselves we can hopefully plot a more direct course to achieving our agency goals as well as meeting the requirements of varied agencies such as state bodies, accredidation bodies and funding sources.

2) Training is individualized. In the day-to-day operations of a service program, staff turnover does not always allow for convenient creation of training groups. Even if such groups could be formed, they do not always meet the needs of staff beginning employment. Through an individualized training approach a trainee can begin learning the necessary skills immediately. In addition, the training can be focused at the level which is most critical for the new employee to begin effective job performance whether it be a clerical or a professional position.

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3) The program must decide on its own goals. By going through the process of selecting specific staff skills, our program has been forced to decide on what activities are most important in achieving the program goals.

4) Rapid evaluation of new staff. By operationalizing requirements and requiring that staff actually be able to demonstrate those skills it becomes easier to rapidly evaluate new staff based on clear standards of performance. Since the training is based on competencies it relies more on a shaping process than on a corrective or disciplinary approach which would wait until a serious error occurs. With thorough individualized instruction, weaknesses can be identified quickly and attempts can be made to remediate them.

5) Analysis and refinement of competencies is useful in providing feedback to training and research agencies. When a service agency identifies the skills that are necessary to make it function effectively, the specification of skills can be useful as feedback to training or research agencies. For example, it may be the case that training of professionals should include more emphasis on the most frequent clinical presenting problems. Similarly, ignored areas of applied research such as depression can be more clearly delineated.

Development of Our Training Package

Because there were an infinite number of competencies, we tried to make our initial selection of clinical competencies based on data. The data sources examined included demographic data, outcome and satisfaction data from clients and referring agencies and program management data from within the agency. For example, a study of the average number of sessions per client at the center showed that the median length of treatment was four sessions (see Figure 1). After realizing that this was consistent with the population generally served by community mental health centers and did not reflect on service quality (Littlepage et.al., 1976), it was obvious that a large amount of staff time

was spent providing services during initial sessions. Thus our training package first focuses on skills that are used during initial sessions including techniques of problem analysis, establishing rapport, handling crises and making appropriate referrals. The program assumes some background in psychology or other helping professions.

In another case, an analysis of client presenting problems has shown that 80% of our cases fell under four common problem areas with the most frequent problems being depression, tension/anxiety, family concerns and marital problems. Figure 2 shows the distribution of these problems. Once these areas were identified, we used the literature to select the treatment procedures most effective in these cases. The training package trains staff in these procedures. Once a staff person can apply these procedures he is able to handle the majority of clients that he will be seeing.

In developing our competency based training program, we have utilized a format somewhat similar to Keller's Personalized Self-Instruction (Keller, 1968; Ryan, 1974). Our program has 13 units. Each unit consists of (A) Statement of purpose, (B) Listing of behavioral Objectives, (C) Training material including texts, articles, video tapes, audio tapes, etc., (D) A checklist of activities to be completed or skills to be demonstrated, (E) A quiz.

The unit headings and sample behavioral objectives are listed below:

1. Introduction To The Job--name all center personnel and their function, describe reasons and rules for confidentiality.
2. The Center and Its Procedures For Serving Clients--name client's rights, demonstrate skills in handling suicide calls.
3. The Helping Process--demonstrate "reflection", dictate five behavioral descriptions of client problems.
4. Behavior Modification Theory and Practice--define steps in a program to modify or change behavior.

5. *Contingency Contracting--develop five contingency contracts.*

6. *Biofeedback and Relaxation--explain reasons for the muscle relaxation training and demonstrate its use.*

7. *Depression--describe procedures used to treat depression.*

8. *Assertion--begin attending assertiveness training course.*

9. *Rational Behavioral Counseling--describe the "A-B-C" of emotion.*

10. *Systematic Desensitization--describe basic principle of systematic desensitization.*

11. *Reciprocity Counseling (marriage counseling)--explain "caring day" procedure.*

12. *Self-Management--define goals, objectives, and operational plan.*

13. *Weight Control--define a calorie.*

A sample unit introduction is attached.

ORIENTATION PHASE -- Unit Two

The Center and Its Procedures in Serving Clients

Purpose

The purpose of this Unit is to give the new employee an appreciation and understanding of the Center, its goals and objectives, and the procedures used in providing services to clients.

Behavioral Objectives

1. To describe at least three goals of the Center.

2. Based on the Center's goals and objectives, draft a copy of five outcomes and the key events that you will be working on during the next year.

3. Write your job performance standards as they contribute to achieving the Center's goals.

4. To name high risk groups within the Center's catchment area.

5. To name the five most presenting problems of clients.

6. To describe the procedures used in processing clients (induction, ongoing, termination, referral, followup).

7. To name the client's rights.

8. To describe the purpose of the Peer Review and when it is used.

9. To demonstrate:

   a. Correct use of the dictaphone.
   b. Correct dictation procedures.

10. To describe and demonstrate the skills used in handling suicide calls, suicide clients, and violent clients.

11. To describe the role of the therapist in regards to the community (education, consultation, public relations).

12. To name ten community referral sources and describe the problem which would be referred to the resource.

Texts:

1. Henderson Mental Health Center "Procedures Manual".

2. The Community Service Directory.

HENDERSON MENTAL HEALTH CENTER

CLIENT ATTRITION

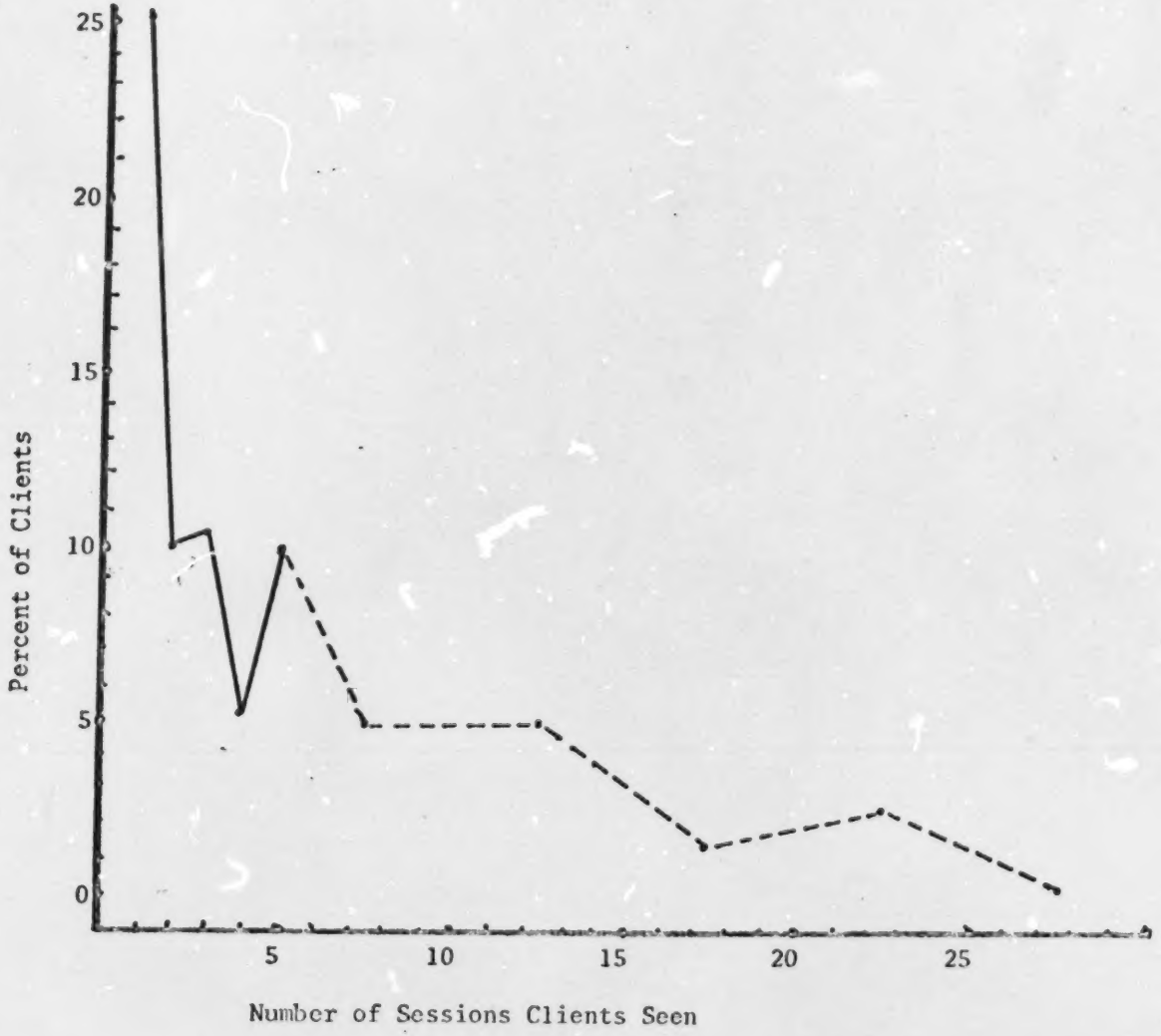

Figure 1

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RELATIVE FREQUENCIES OF MAJOR
PRESENTING PROBLEMS

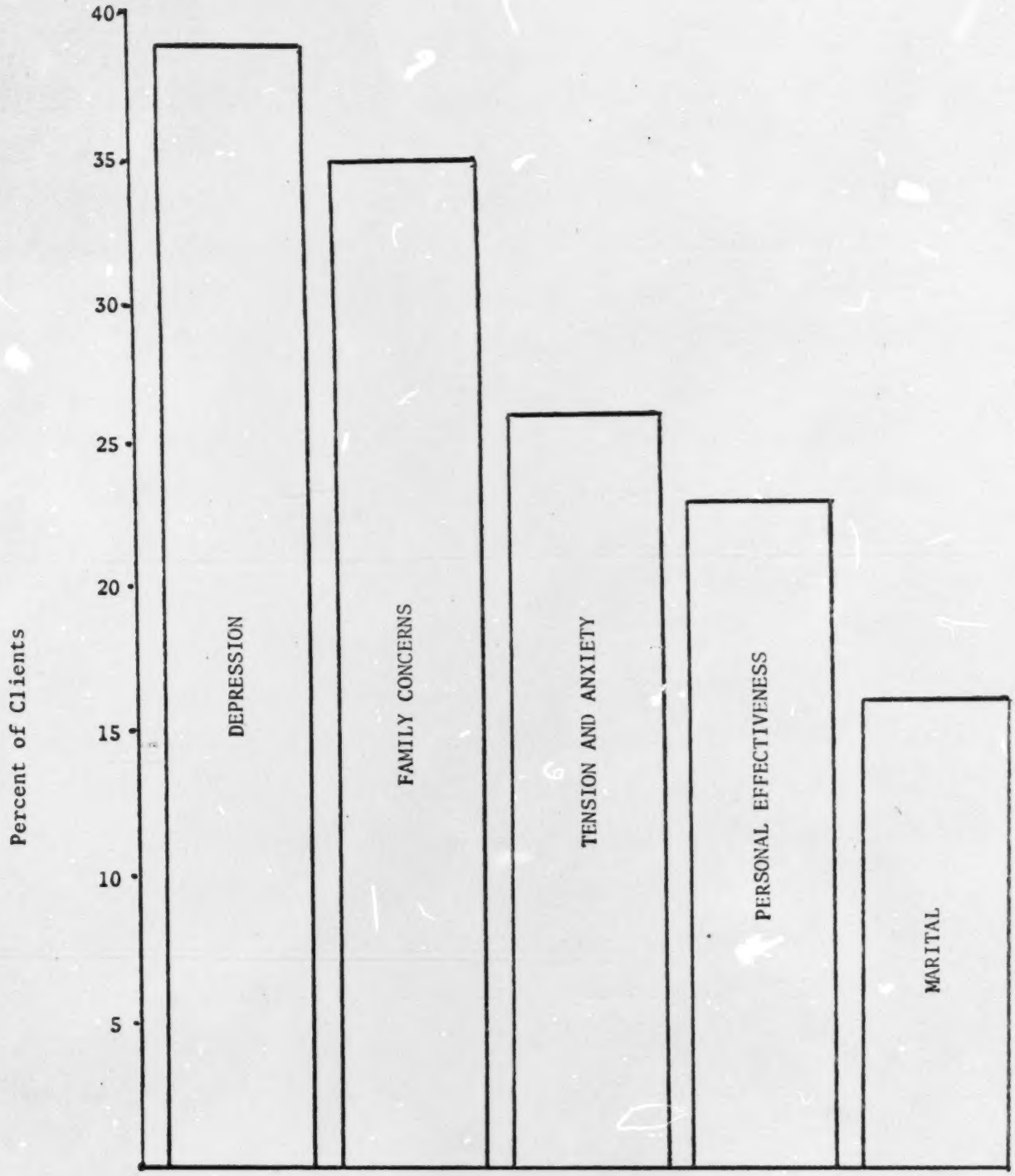

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Figure II

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